



FIREAPP1

THE CITY OF WATERBURY**DEPARTMENT OF INSPECTIONS**

235 Grand Street, Waterbury, CT 06702

(203) 574-6855

PERMIT No.**Application for Fire Suppression System Permit****PLEASE PRINT LEGIBLY** (Shaded areas are for Office use only!)

Date: _____

Applicant:

Company

Name: _____

Address: _____

City/State/Zip: _____

License No. _____

Phone No. _____

Location Owner:

Location of Work:

Address: _____

Owner's Name: _____

Address: _____

City/State: _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as an authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Print Name: _____ Signature: _____

Fire Suppression System Type: _____

Type of Pipe: _____

Number of Risers: _____ Size of Risers: _____

Capacity of System (gallons): _____

Est. Cost \$ _____

Permit Fee: \$ _____

State Ed. Fee: \$ _____

Fine: \$ _____

TOTAL: \$ _____

Building Permit Required? ☐ Yes ☐ No

Permit # _____

Issued by: _____

Mechanical Inspector